

L0200 0034474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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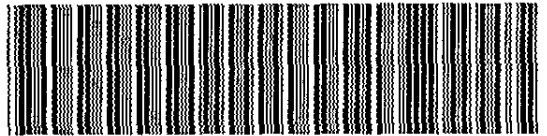
(Business Entity Name)

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TB



ACCOUNT NO. : 072100000032

REFERENCE : 865094 7360952

AUTHORIZATION : *Patricia Pijets*  
COST LIMIT : \$ 125.00

ORDER DATE : December 120 2002

ORDER TIME : 8:34 AM

ORDER NO. : 865094-001

CUSTOMER NO: 7360952

CUSTOMER: Ms. Faye H. Caswell  
Ms. Faye H. Caswell

731 Emerald Harbor Dr

Longboat Key, FL 34228

DOMESTIC FILING

NAME: FAYE CASWELL DESIGN, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: \_\_\_\_\_

SECRETARY OF STATE  
ALBA HASSLER (10/20/02)  
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AND  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PAYE CASWELL DESIGN, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

731 Emerald Harbor Drive, Longboat Key, Florida 34228

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Faye H. Caswell  
Name

731 Emerald Harbor Drive  
Florida street address (P.O. Box **NOT** acceptable)

Longboat Key FL 34228  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

By: Faye Caswell  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul H. Caswell  
Typed or printed name of signer

- Filing Fees:**  
 \$100.00 Filing Fee for Articles of Organization  
 \$ 25.00 Designation of Registered Agent  
 \$ 30.00 Certified Copy (Optional)  
 \$ 5.00 Certificate of Status (Optional)

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 AHD

MANAGING MANAGERS OF:  
FAYE CASWELL DESIGN, LLC

Faye H. Caswell  
731 Emerald Harbor Dr.  
Longboat Key, FL 34228

Paul H. Caswell  
731 Emerald Harbor Dr.  
Longboat Key, FL 34228

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA